

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### APPLICATION FOR APPROVAL OF FIREARMS PROFICIENCY CERTIFIER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

**PLEASE TYPE OR PRINT IN INK**

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

month

day

year

( ) -

Ethnic/gender status  
information is optional.

Sex:

☐ M

☐ F

Ethnic:

☐ White, not of Hispanic origin

☐ Black, not of Hispanic origin

☐ Hispanic

☐ American Indian or Alaskan

☐ Asian or Pacific Islander

☐ Other

Have you ever held a license/credential in the state of Wisconsin?

\_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number.

The firearms proficiency certifier license expires on the even-numbered year. It may be renewed for a two year period at that time.

Place of Birth

Height

Weight

Eye Color

Hair Color

**Other Names Ever Used By Firearms Proficiency Certifier** (e.g., legal name change, maiden name, alias)

**Firearms Proficiency Certifier is one of the following (check the box that applies):**

☐ Licensed Private Detective

☐ Police Officer

☐ Private Security Permit Holder

☐ Other \_\_\_\_\_

**APPLICATION FEE:** Make check payable to Department of Regulation and Licensing and attach to this application.

**For Receipting Use Only**

☐ Initial approval

\$ 26.00 FBI fingerprint check

\$ 6.00 CIB background check

\$ 32.00 **Total fee**

☐ Reapproval

\$ 6.00 CIB Background check

# Wisconsin Department of Regulation & Licensing

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## APPLICANT SEEKS APPROVAL, AS FOLLOWS:

- ☐ I would like to be **initially approved** by the Department of Regulation and Licensing to certify firearms proficiency under sec. RL 34, Wis. Admin. Code.
- ☐ I would like to be **reapproved** by the Department of Regulation and Licensing to certify firearms proficiency under sec. RL 34, Wis. Admin. Code.
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## I QUALIFY AS A FIREARMS PROFICIENCY CERTIFIER UNDER SEC. RL 34.04, WIS. ADMIN. CODE, BECAUSE:

- ☐ I am approved as a firearms instructor by the Training and Standards Bureau in the Wisconsin Department of Justice. **Proof of current approval is attached.**
- ☐ I hold a currently-valid instructor's certificate in the police firearms instructor's program or security firearms instructor's program issued by the National Rifle Association. **Proof of current certification is attached.**
- ☐ At any time on or after January 1, 1995, I was approved as a firearms instructor by the Wisconsin Law Enforcement Standards Board or certified as a law enforcement firearms instructor, or a substantially equivalent designation, by the National Rifle Association and have completed a 6-hour firearms instructor refresher course within 12 months before application for approval or reapproval by the Department. The refresher course was presented by a regional training school approved by the Wisconsin Law Enforcement Standards Board (i.e., a vocational-technical college) or by a staff instructor in the Law Enforcement Activities Division of the National Rifle Association. **Proof is attached.**
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## STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> _____<br>And if in another name, what name? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
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## TO BE COMPLETED BY THE FIREARMS PROFICIENCY CERTIFIER

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential.

I understand the firearms proficiency provisions in sec. RL 34, Wis. Admin. Code, and I hereby attest to the accuracy of the information on this form.

I hereby attest that I have not been convicted of a felony crime, and that I am not prohibited by any applicable federal or state law from carrying or being in possession of a firearm. I further attest that I have read and understand sec. 941.29, Stats.

\_\_\_\_\_  
Print Name of Firearms Proficiency Certifier

\_\_\_\_\_  
Signature of Firearms Proficiency Certifier

\_\_\_\_\_  
Date

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Profession

Date of Birth    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                                 month                   day                   year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.